U S Department of Labor Office of Labor Management Standards Washington DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or livil penalties as provided by 29 U S C 439 or 440

S RECORDS	READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT
E CONSTRUCTION OF THE PROPERTY		
1 File Number U		2 Fiscal Year Covered From
2574	12	Through Z / Z / Z Z
3 Name and address of person filing		4 Name file number and address of labor organization
Name TAMES	W Open	Name SHEET METAL WARREN TO THE TOTAL THE TALL TH
		Labor Organization File Number 542.614
PO Box Bldg Room No If any		P O Box Building and Room Number if any
Street 2121 Auto	CENTRE DRIVE	Street 2720 Auto CENTRE DEVELO
City GLENDORA	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City GENTORA
State State CALVES	ZIP Code + 4 91740	State Zaci ZIP Code + 4 9/240
5 Position in labor organization  BUSINESS REPRESENTATIVE		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (		7 a Nature of Interest Transaction or Income
Name Trade Name If any	7	
PO Box Bldg Room No if any	Market W	7 b Amount
Street	and also states	
City a tell for	KAN SEE T.	
State	ZIP Code + 4	
Signature		
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any a companying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)		
Signed James 1	n Olan	On 5/19/06 969/365-28-05-12-05-05-05-05-05-05-05-05-05-05-05-05-05-

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bidg Room No if any

Street

A29 SANTA MONICA

ZIP Code + 4 904071

13 b is the Business an Employer or Consultant

7

14 b Amount of payment

14 b Amount of payment